ARTICLE 67:46

ELIGIBILITY FOR MEDICAL SERVICES

Chapter

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CHAPTER 67:46:14

NONMEDICAID CHILDREN'S HEALTH INSURANCE ~~(CHIP-NM)~~ PROGRAM

Section

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67:46:14:01. Definitions. Terms used in this chapter mean;

(1) "Caretaker," the adult who lives with and provides care and control of a child eligible for services under this chapter. The caretaker may include the child's parent or parents;

(2) "Child," an individual ~~who has not attained the~~ under age ~~of 19~~ nineteen;

(3) ~~"CHIP-NM," the nonmedicaid children's health insurance program for children eligible under the provisions of this chapter;~~

~~(4)~~ "Group health plan," a plan of, or contributed to by, an employer, including a self-employed person, or employee organization to provide health care, directly or otherwise, to the employees, former employees, the employer, others associated or formerly associated with the employer in a business relationship, or their families. A group health plan includes self-insured plans and plans of incorporated or unincorporated organizations that are organized and operated for educational, religious, charitable, or other purposes and that hold funds exclusively for its members and use those funds to meet the health care needs of its members;

~~(5)~~(4) "Health insurance," benefits consisting of medical care provided directly, through insurance or reimbursement, or otherwise, under any hospital or medical service policy or certificate, hospital or medical service plan contract, or health maintenance organization contract offered by a health insurance issuer; and

~~(6)~~(5) "Health insurance issuer," an insurance company, insurance service, or insurance organization, including a health maintenance organization, that is required to be licensed to engage in the business of insurance in South Dakota. A health insurance issuer does not include a group health plan~~;~~

~~(7) "Family size/Household," an individual's family size/household has the same meaning as determined under the provisions of 42 C.F.R. § 435.603~~.

Source: 26 SDR 168, effective July 1, 2000; 41 SDR 7, effective July 29, 2014; 41 SDR 93, effective December 3, 2014.

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

Cross-Reference: Application of modified adjusted gross income (MAGI), 42 C.F.R. § 435.603 (July 15, 2013).

67:46:14:02. Eligibility requirements for ~~CHIP-NM~~ nonmedicaid children's health insurance program. A child is eligible for the nonmedicaid children's health insurance program (CHIP-NM) if the child:

(1) Does not meet the financial eligibility criteria for the state's ~~Medicaid~~ medicaid program;

(2) Is a member of a CHIP-NM family whose income, as defined in 42 C.F.R. § 435.603 (November 30, 2016), does not exceed ~~209~~ two hundred and nine percent of the federal poverty guidelines;

(3) Is not a member of a CHIP-NM unit in which the child's parent or legal guardian is an employee of a public agency and eligible to participate in the state health insurance benefit plan;

(4) Is not covered under health insurance or a group health plan;

(5) ~~Has not had insurance under a group health plan in the three-month period immediately prior to the date of application for CHIP-NM;~~

~~(6)~~ Except for § 67:46:01:13, meets the requirements of chapter 67:46:01;

~~(7)~~(6) Is not a resident of a public institution or a patient in an institution for mental diseases;

~~(8)~~(7) Meets the residency requirements of §§ 67:46:01:17 ~~through~~ to 67:46:01:28, inclusive; and

~~(9)~~(8) Meets the other requirements of this chapter.

Source: 26 SDR 168, effective July 1, 2000; 28 SDR 4, effective July 1, 2001; 41 SDR 7, effective July 29, 2014; 47 SDR 24, effective September 10, 2020.

General Authority: SDCL 28-6-1~~(1)(4)(6)~~.

Law Implemented: SDCL 28-6-1~~(1)(4)(6)~~.

Cross-References:

Federal poverty level, § 67:11:01:03;

Determining size of ~~CHIP-NM~~ nonmedicaid children's health insurance program family, § 67:46:14:05.

67:46:14:04. Good cause for dropping insurance under a group health plan. Good cause for dropping insurance under a group health plan exists if the insurance is dropped for reasons beyond the caretaker's control. Reasons for dropping the insurance include ~~circumstances such as the following~~:

(1) The cost of the insurance to cover the parent's children exceeds five percent of the ~~CHIP-NM~~ nonmedicaid children's health insurance program family's gross income;

(2) The parent providing the primary insurance is fired;

(3) The parent providing the primary insurance voluntarily quits a job and has not started a new job;

(4) The parent providing the primary insurance is laid off;

(5) The parent providing the primary insurance becomes disabled;

(6) The parent providing the primary insurance dies;

(7) The parent providing the primary insurance starts a new job and there is a lapse in insurance or the new employer does not provide dependent coverage; or

(8) The employer discontinued the insurance.

Source: 26 SDR 168, effective July 1, 2000; 41 SDR 7, effective July 29, 2014.

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

67:46:14:05. Determining size of ~~CHIP-NM~~ nonmedicaid children's health insurance program family. A ~~CHIP-NM~~ nonmedicaid children's health insurance program family ~~size/household is determined as~~ size or household is defined in 42 C.F.R. § 435.603 (November 30, 2016).

Source: 26 SDR 168, effective July 1, 2000; 41 SDR 7, effective July 29, 2014.

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

~~**Cross-Reference:** Application of modified adjusted gross income (MAGI), 42 C.F.R. § 435.603 (July 15, 2013).~~

67:46:14:13. Members of ~~CHIP-NM~~ nonmedicaid children's health insurance program family must cooperate with department. The department may request information from ~~members of the~~ any member of a children's health insurance program (CHIP-NM) family concerning the existence of actual or potential third-party liability coverage or a third-party payment source for medical expenses. For purposes of this ~~rule~~ section, third-party liability coverage or a third-party payment source ~~includes~~ is the obligation of an entity other than the medical assistance program for either partial or full payment of the medical cost of injury, disease, or disability for the child.

The ~~individual or~~ caretaker must ~~also~~ provide the department with the necessary verifications to establish initial or continuing eligibility ~~or~~ and any information necessary for federal reporting requirements or quality control efforts. ~~Failure or refusal to supply the necessary information results in the denial of~~ The department shall deny an application for CHIP-NM or ~~the termination of~~ terminate current benefits for failure or refusal to supply the necessary verifications or information.

An alien who fails or refuses to obtain the cooperation of the alien's sponsor is ineligible for assistance.

Source: 26 SDR 168, effective July 1, 2000; 41 SDR 7, effective July 29, 2014.

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

Cross-Reference: Acceptance of assistance as assignment and subrogation of support rights and insurance proceeds——--Liability of insurer or attorney, SDCL 28-6-7.1.